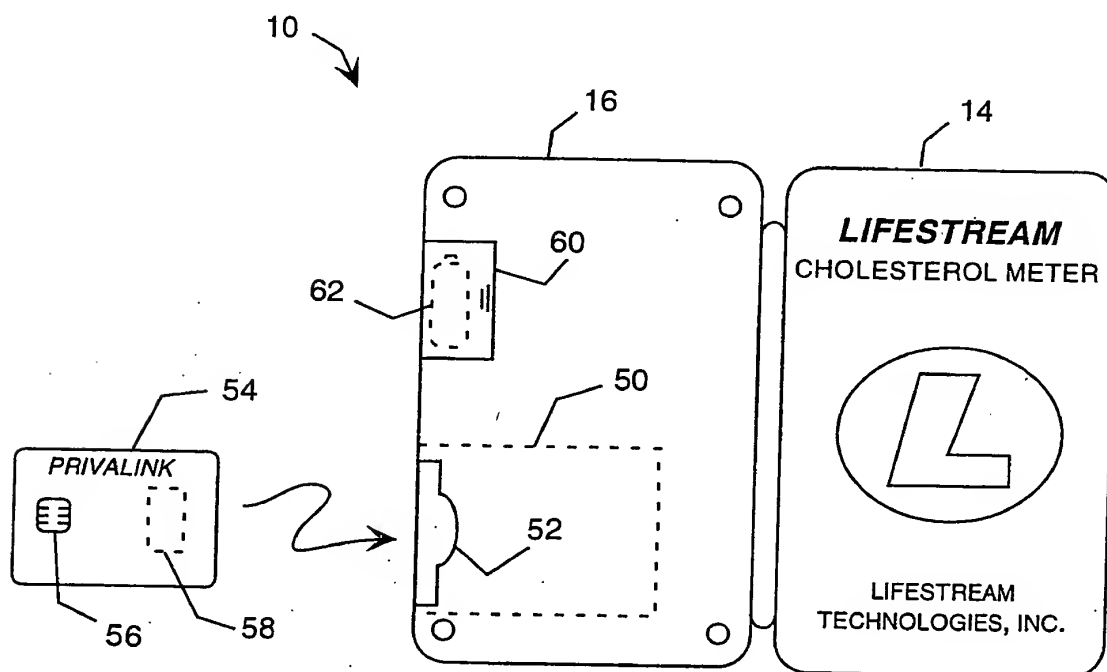
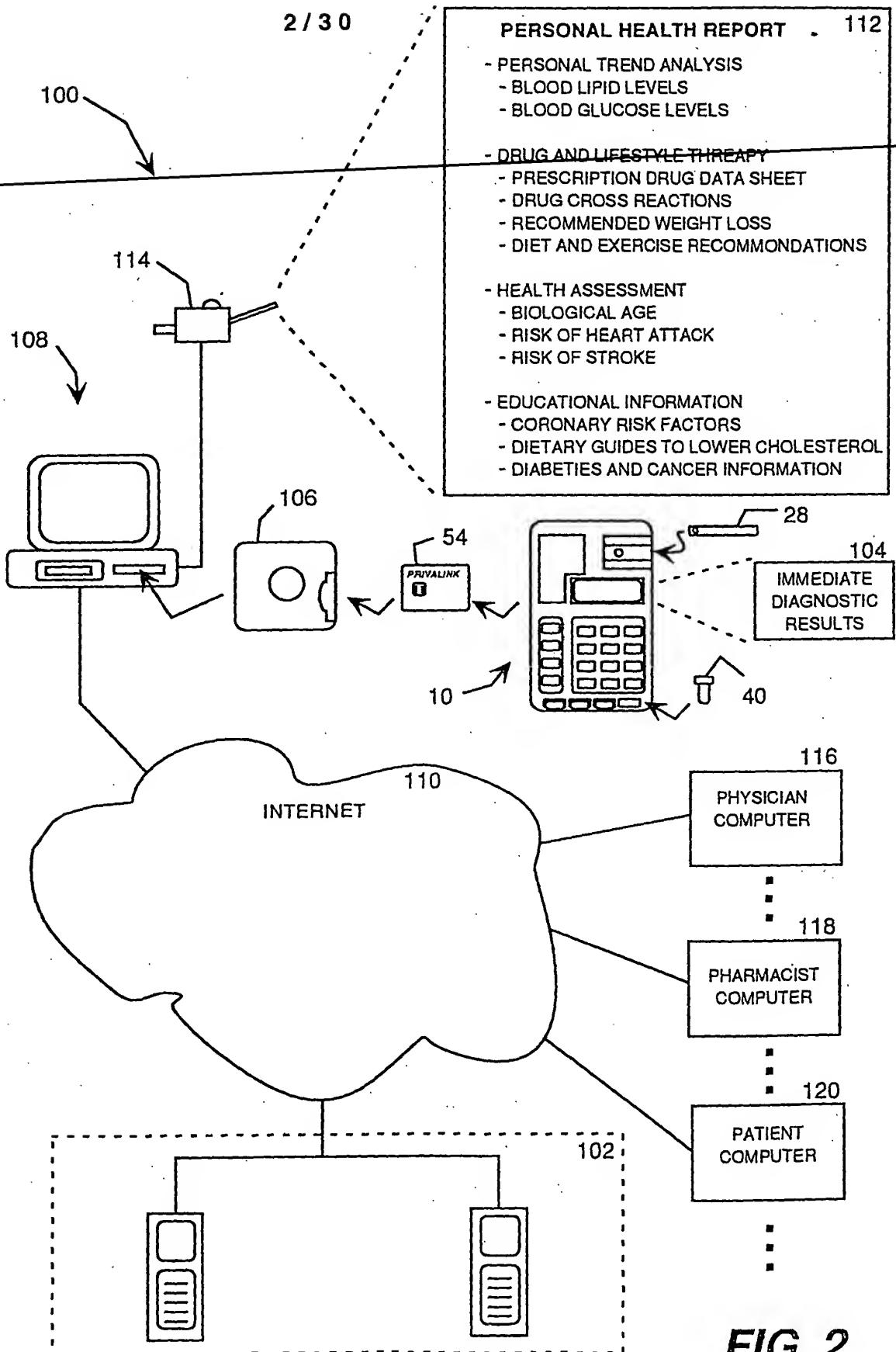


**FIG. 1A**

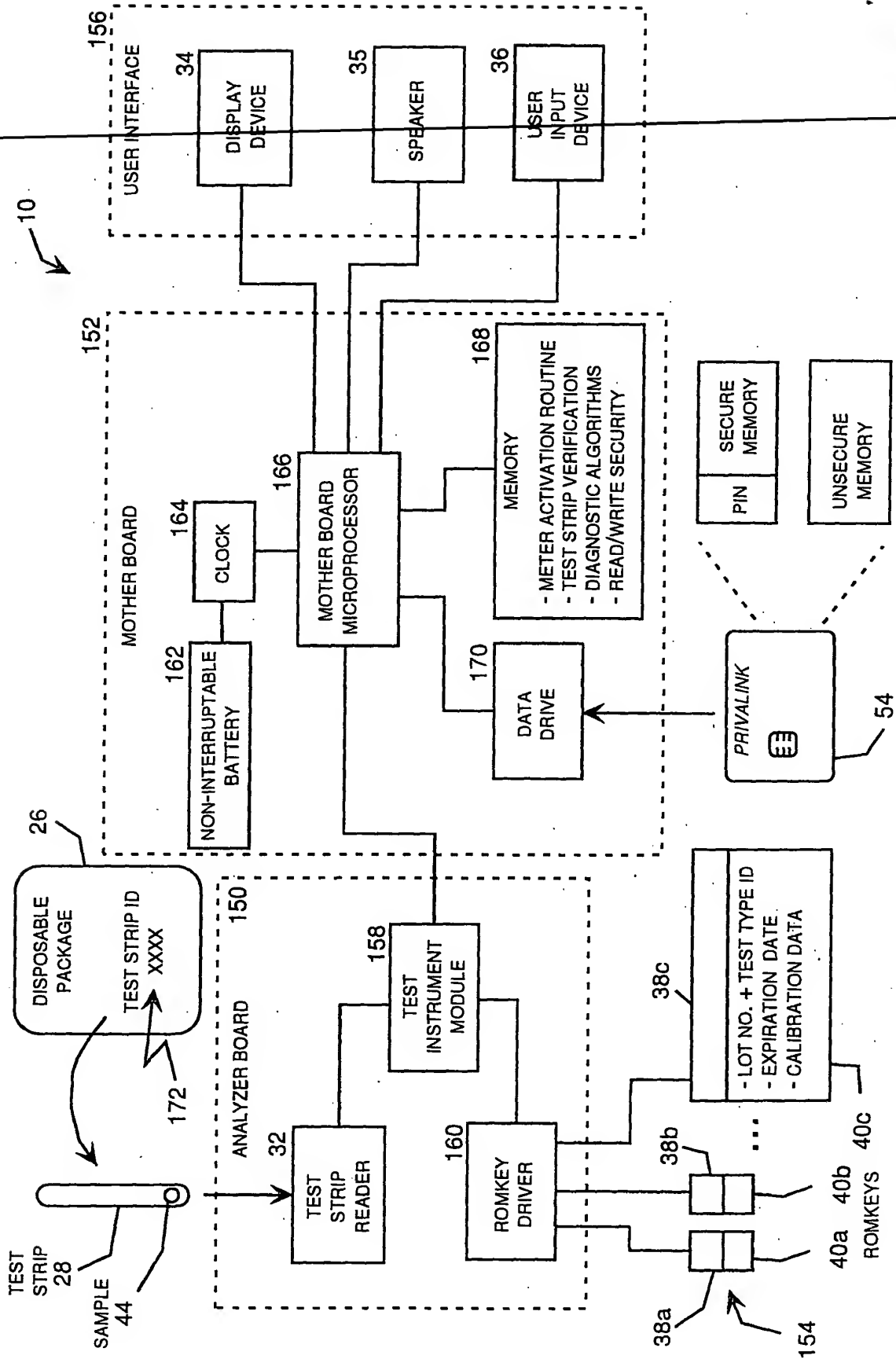


**FIG. 1B**

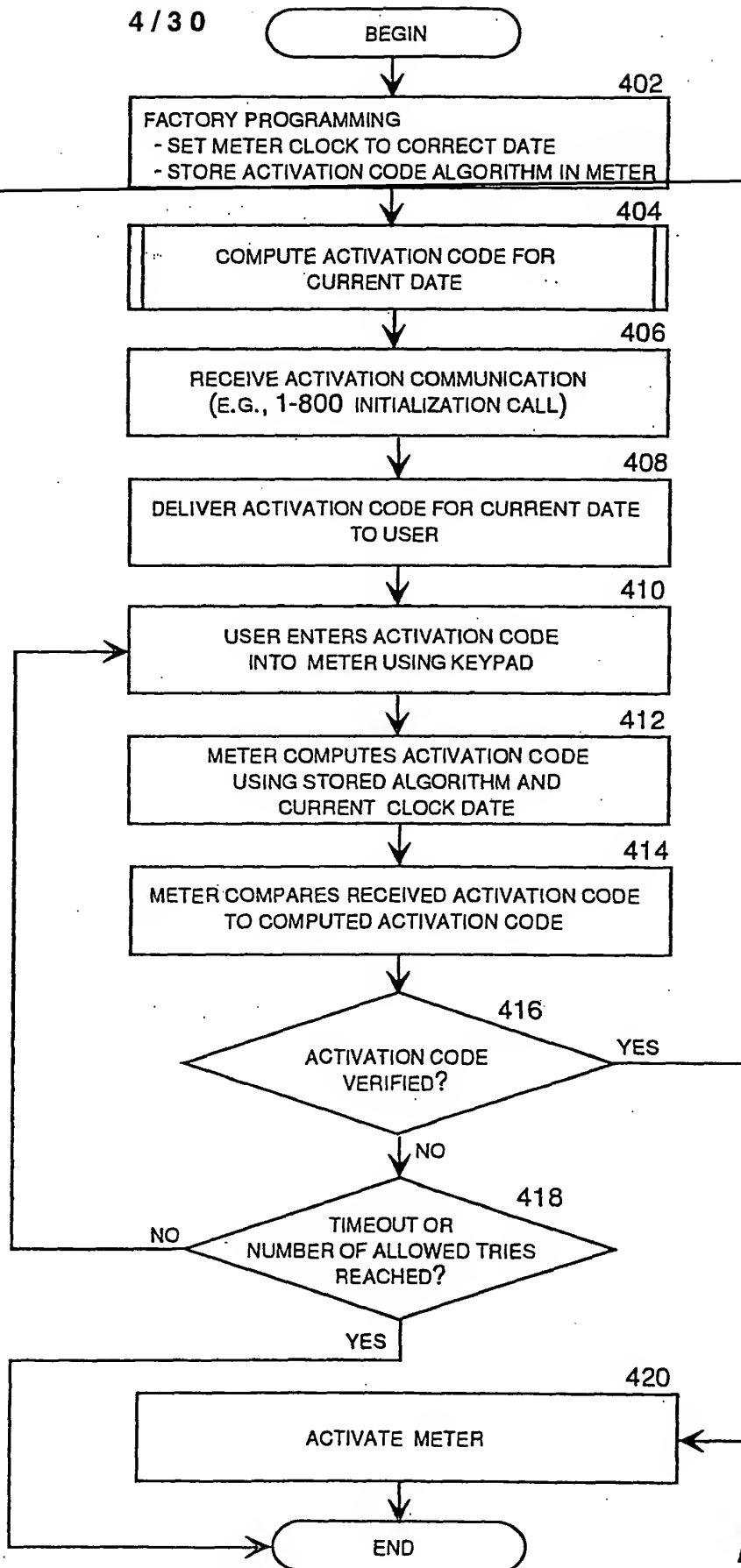
2 / 3 0



**FIG. 2**



4 / 3 0

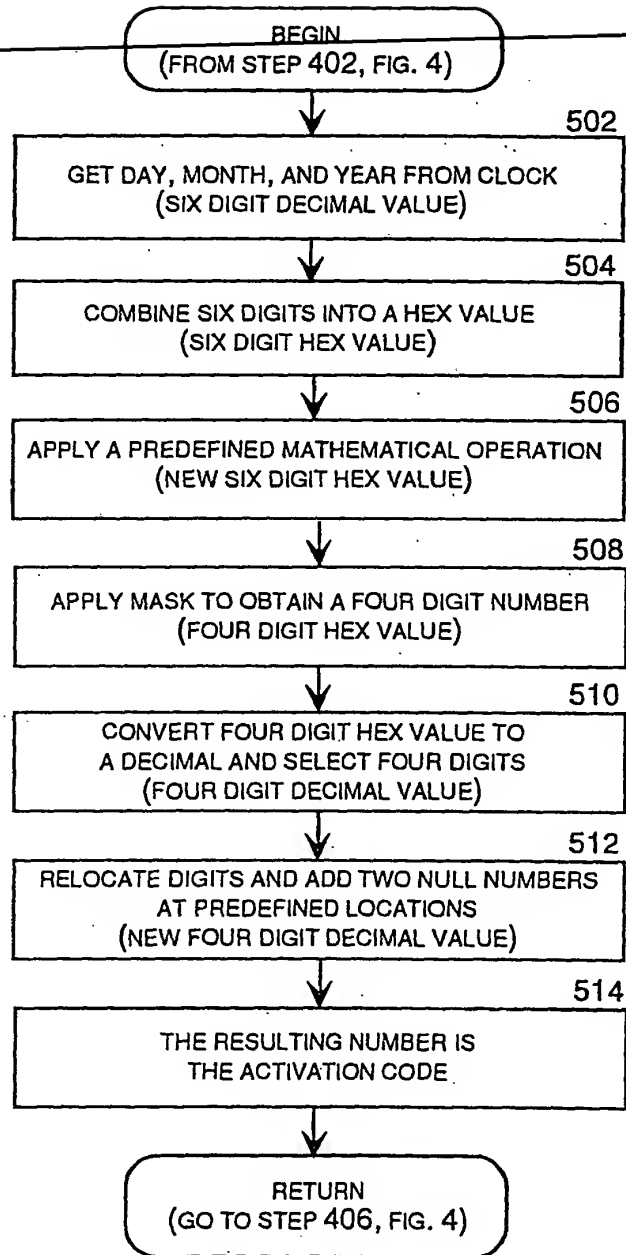


METER  
ACTIVATION  
ROUTINE  
400

**FIG. 4**

5 / 3 0

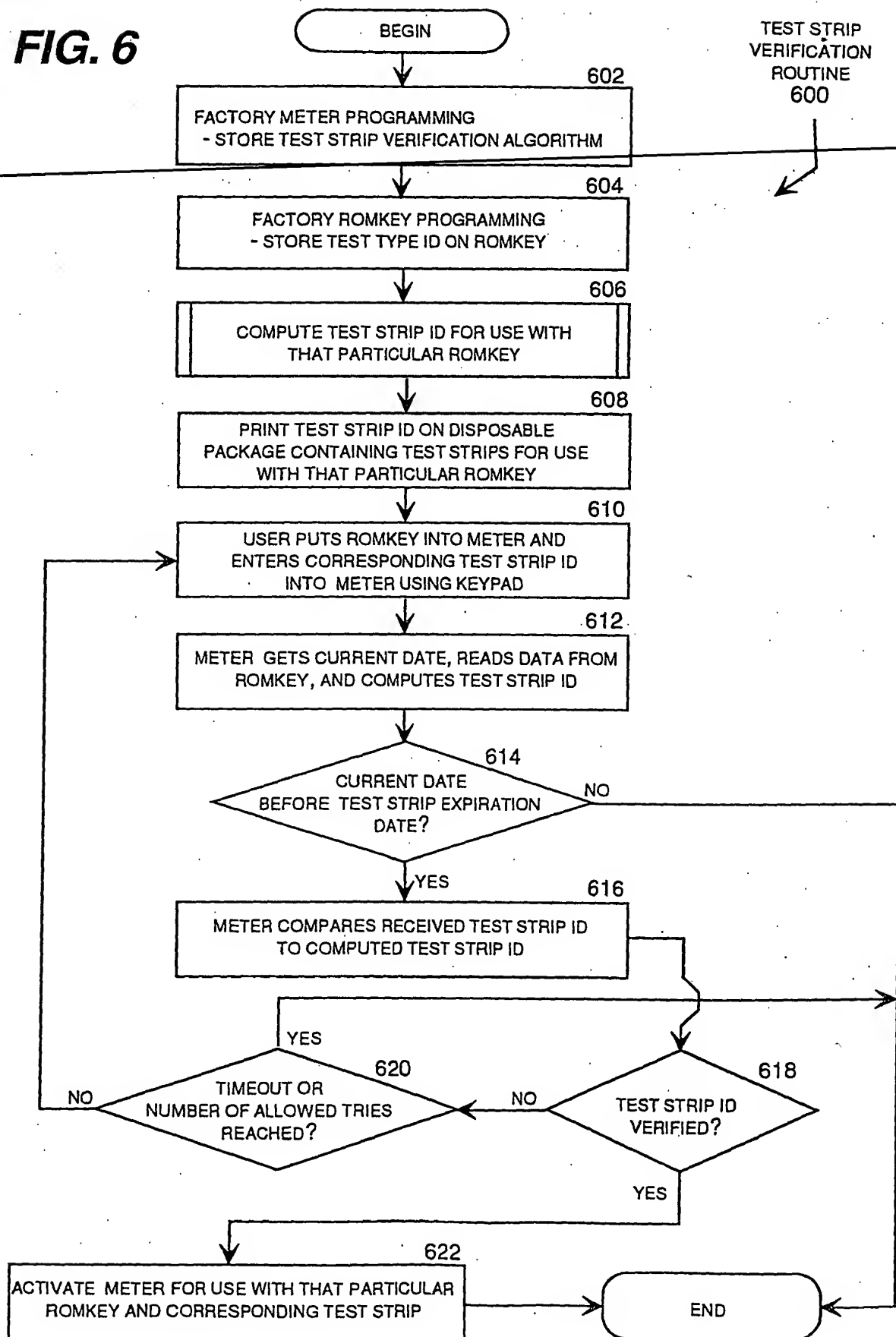
COMPUTE  
ACTIVATION CODE  
ROUTINE  
404



**FIG. 5**

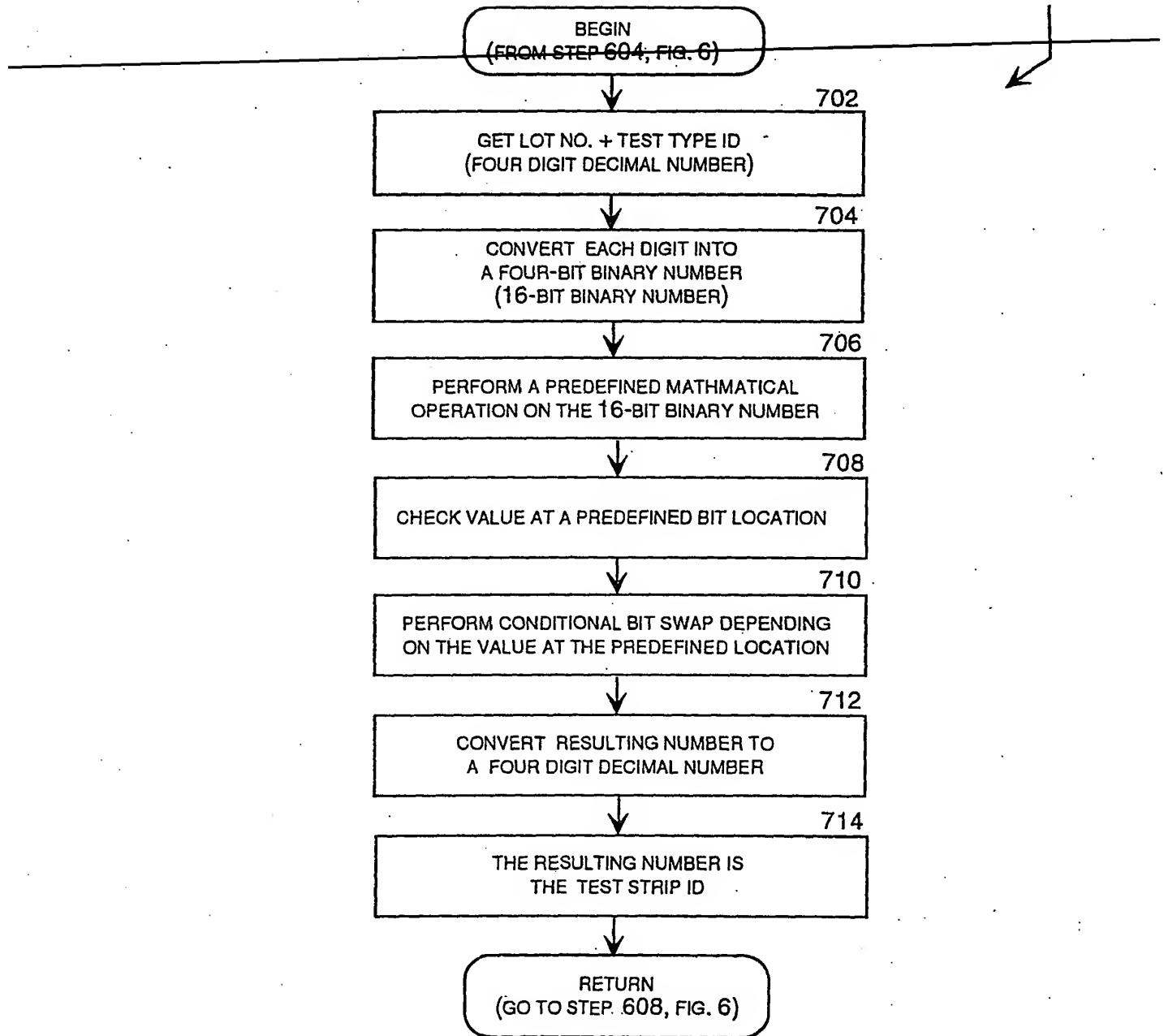
**FIG. 6**

6/30



7 / 3 0

COMPUTE  
TEST STRIP ID  
ROUTINE  
606



**FIG. 7**

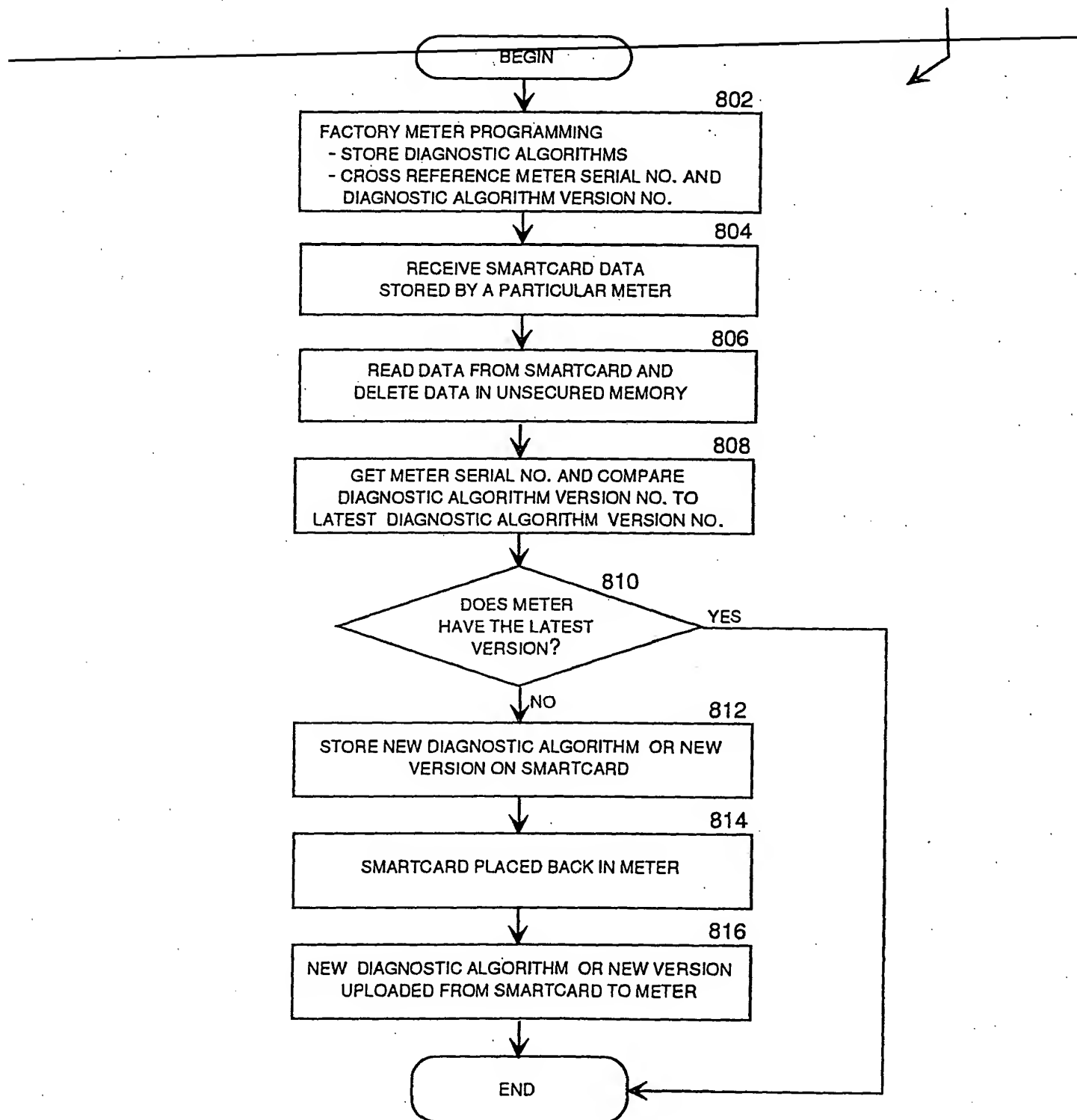
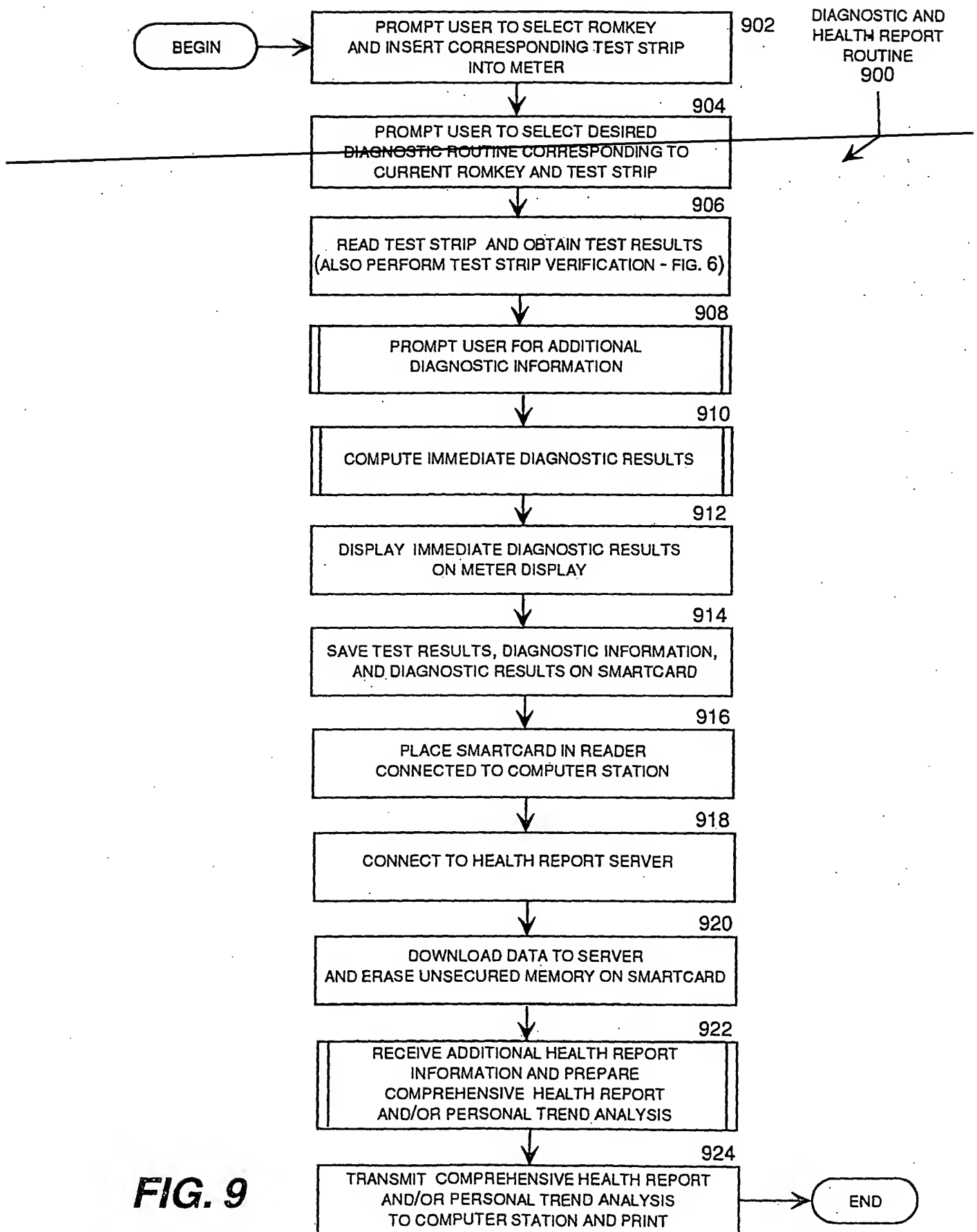


FIG. 8



9/30



**FIG. 9**

10/30

BEGIN  
(FROM STEP 906, FIG. 9)

EXAMPLE  
CHOLESTEROL  
ROUTINE  
908

PROMPT FOR AND RECEIVE GENDER

1002

PROMPT FOR AND RECEIVE ETHNICITY

1004

PROMPT FOR AND RECEIVE FAMILY HISTORY  
OF HEART DISEASE

1006

PROMPT FOR AND RECEIVE PERSONAL HISTORY  
OF HEART DISEASE

1008

PROMPT FOR AND RECEIVE DIABETIC TYPE 1

1010

PROMPT FOR AND RECEIVE DIABETIC TYPE 2

1012

PROMPT FOR AND RECEIVE SMOKER

1014

PROMPT FOR AND RECEIVE HEIGHT

1016

PROMPT FOR AND RECEIVE WEIGHT

1018

PROMPT FOR AND RECEIVE AGE

1020

PROMPT FOR AND RECEIVE BLOOD PRESSURE

1022

PROMPT FOR AND RECEIVE FITNESS LEVEL

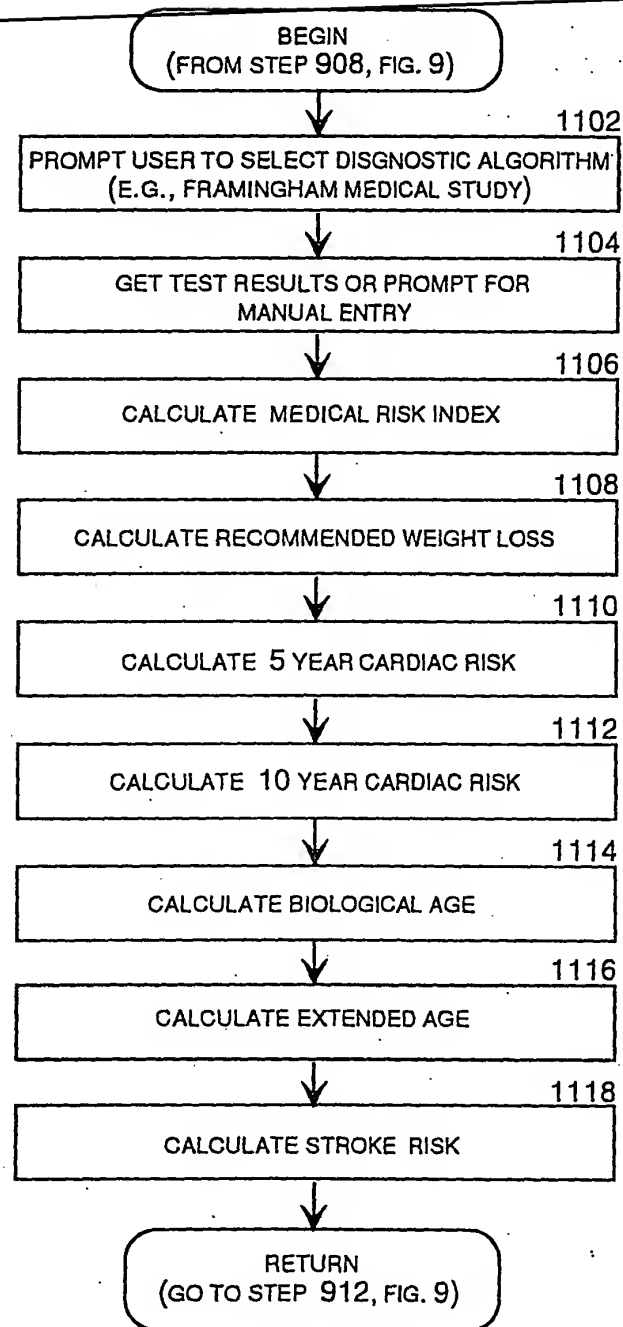
1024

RETURN  
(GO TO STEP 910, FIG. 9)

**FIG. 10**

11/30

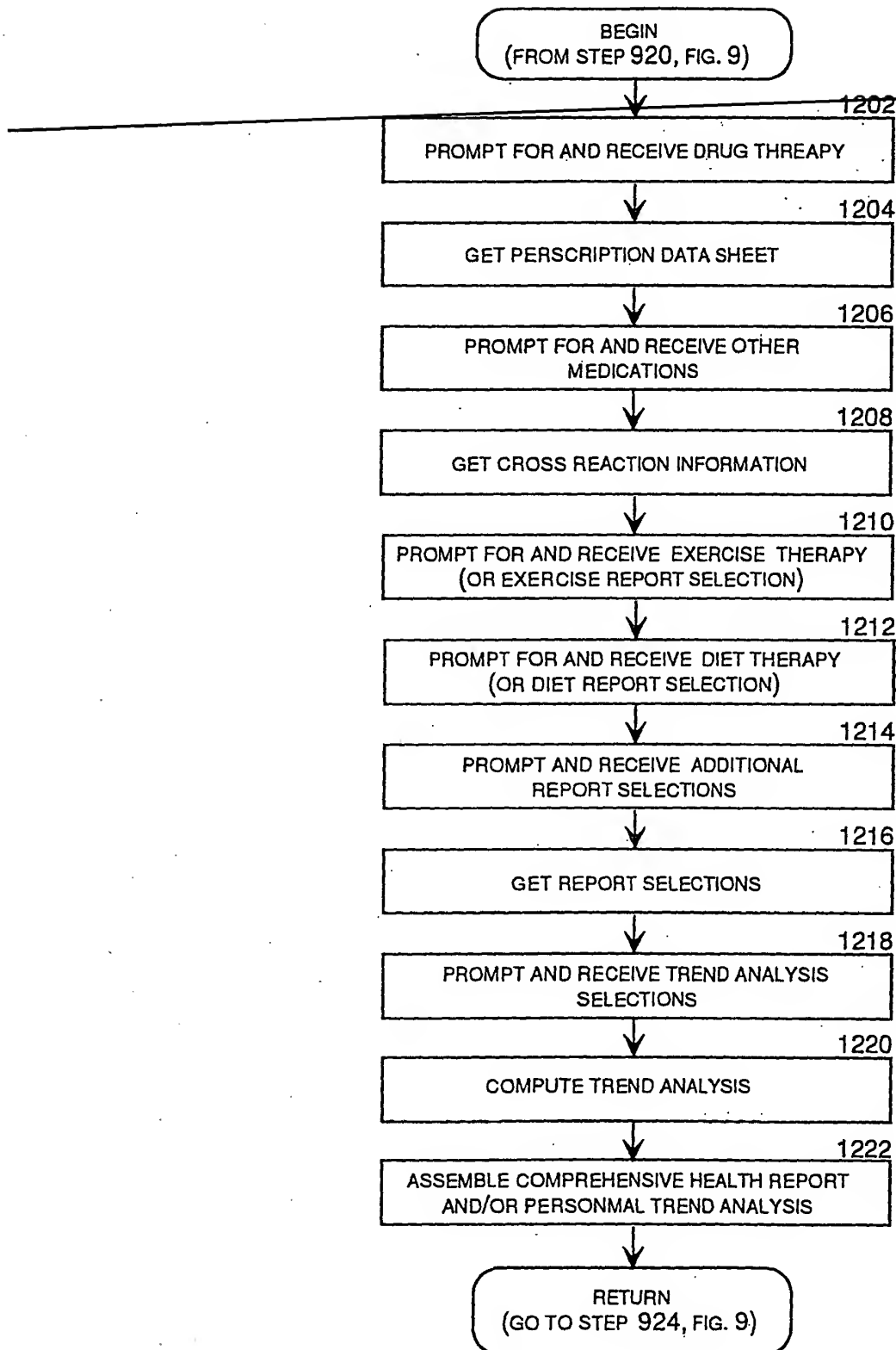
EXAMPLE  
CHOLESTEROL  
ROUTINE  
910



**FIG. 11**

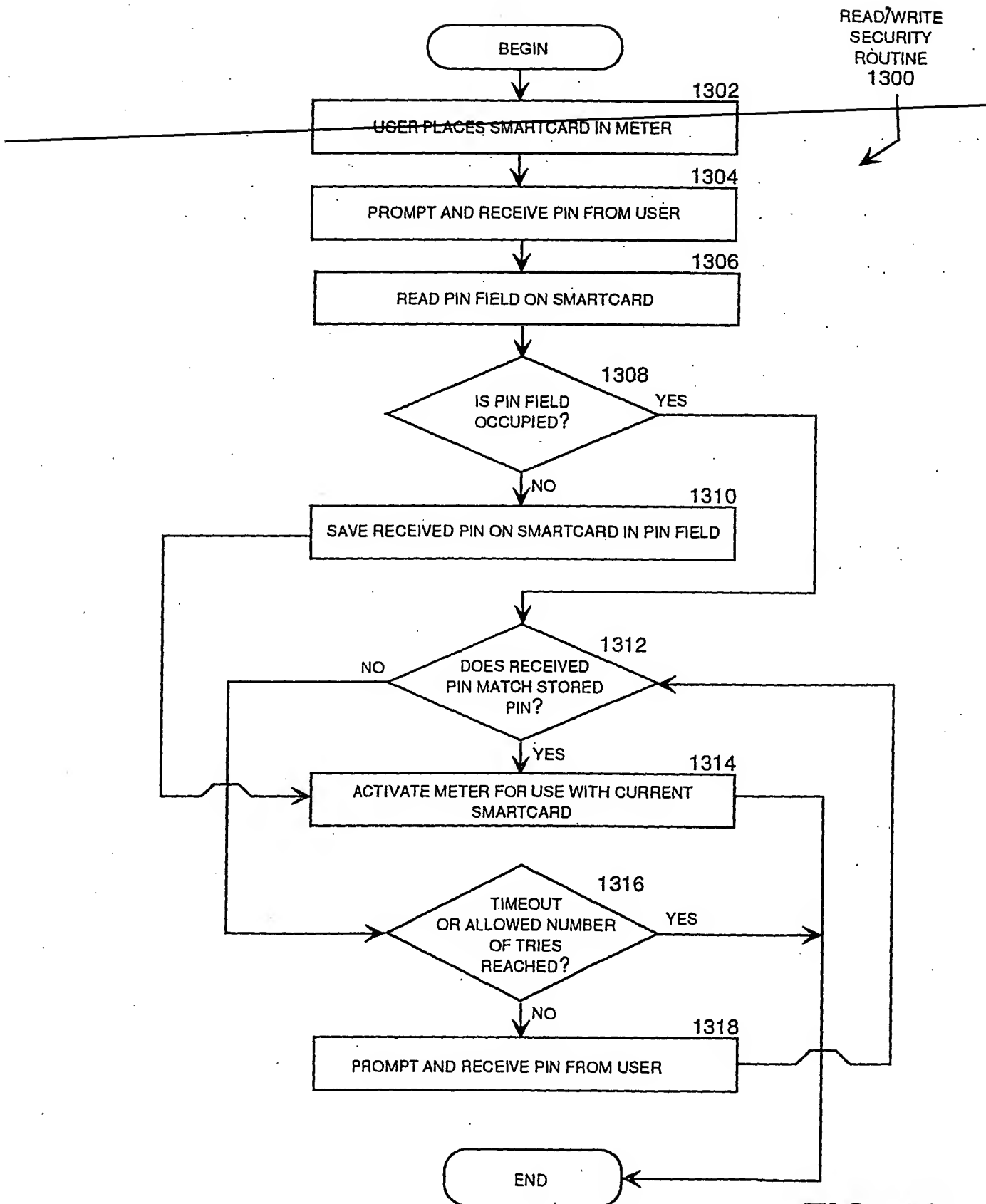
12/30

EXAMPLE  
CHOLESTEROL  
ROUTINE  
922



**FIG. 12**

13/30



**FIG. 13**

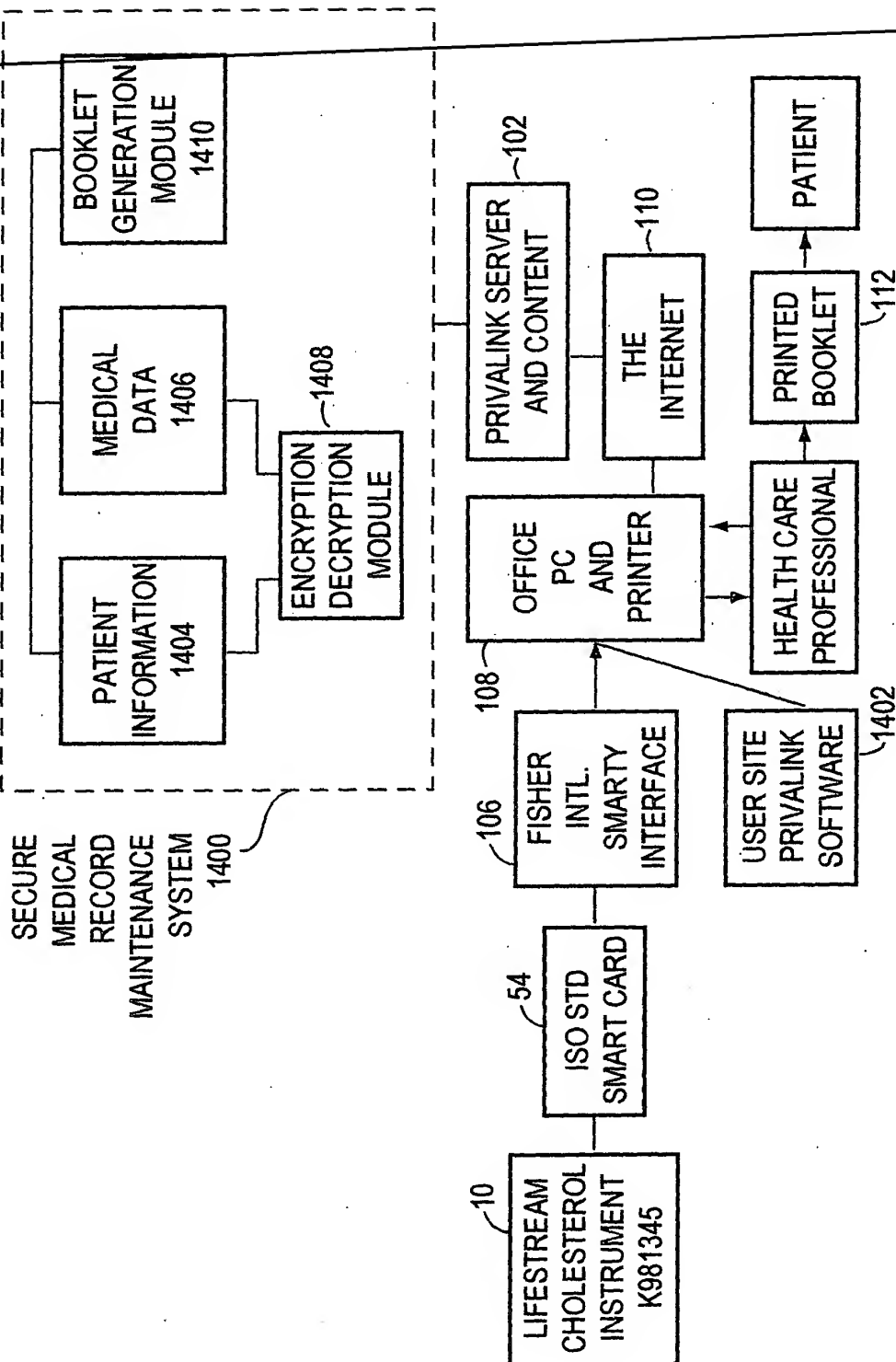


FIG. 14

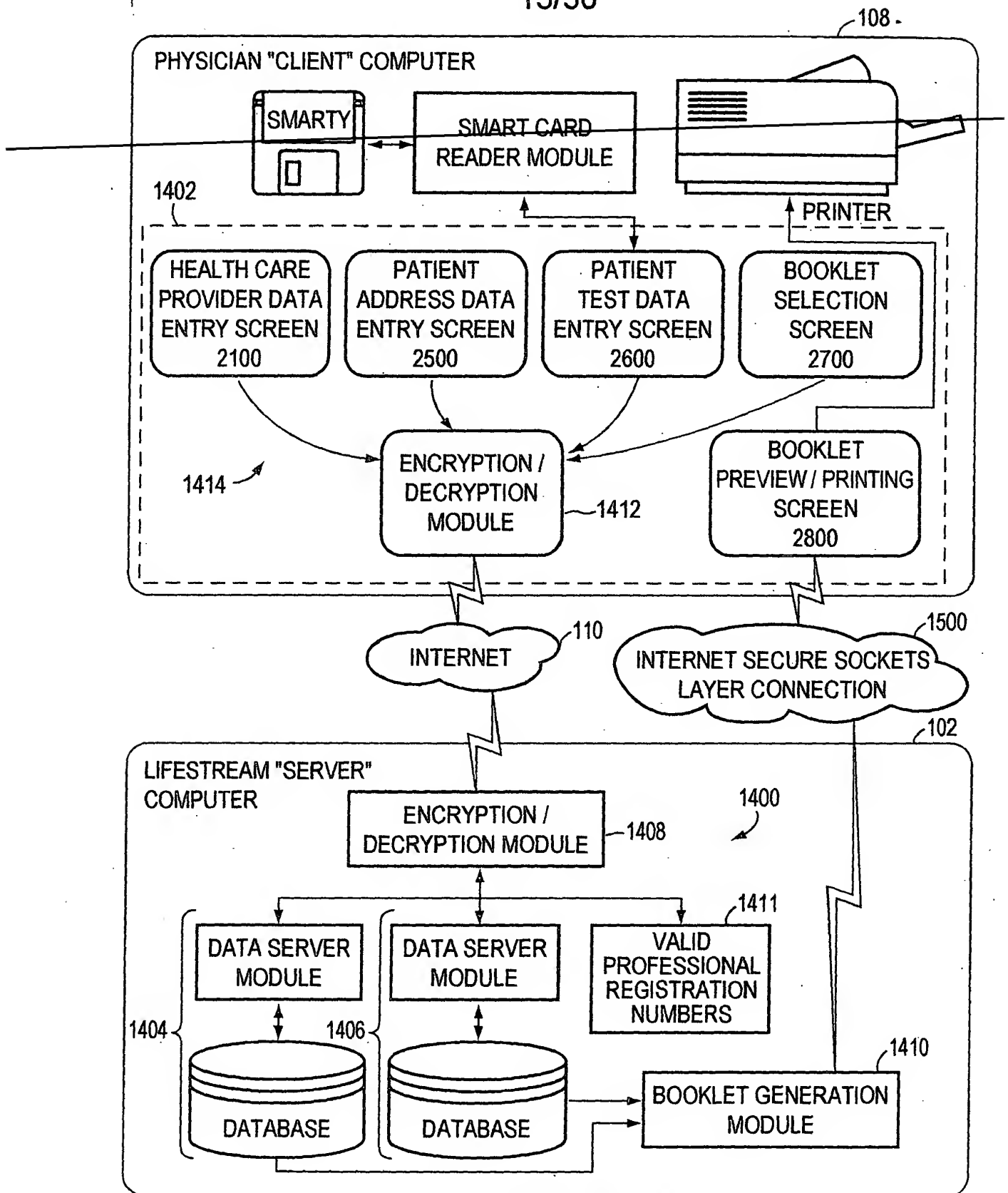


FIG. 15

## GLOBAL SYSTEM HARDWARE PICTORIAL

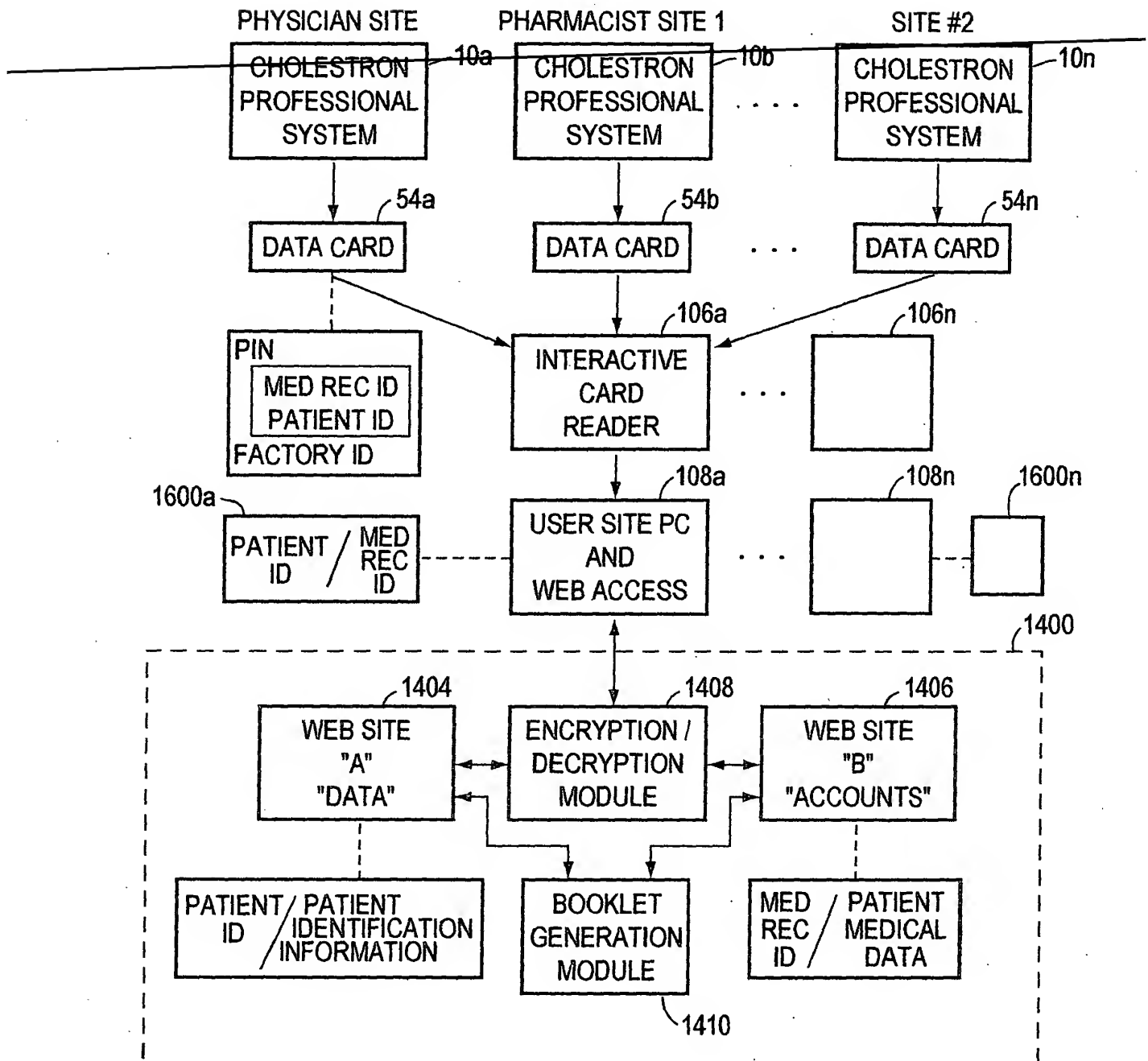
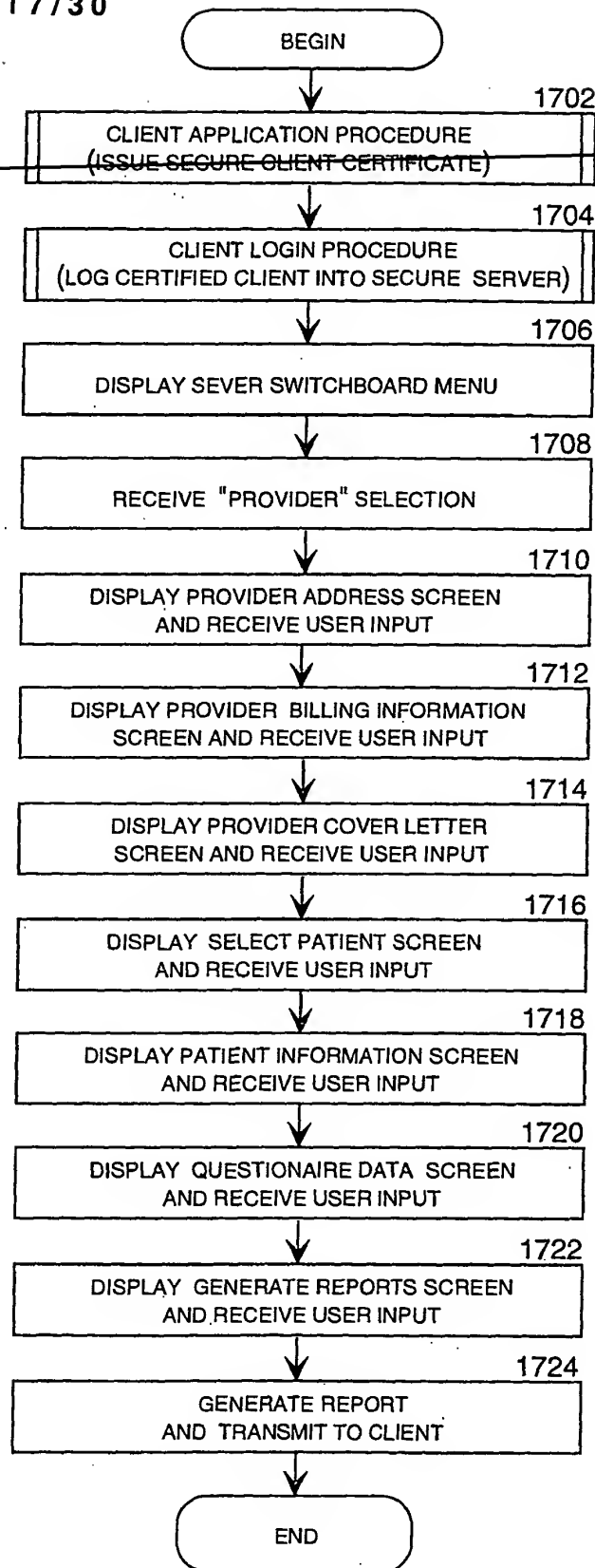


FIG. 16



17/30

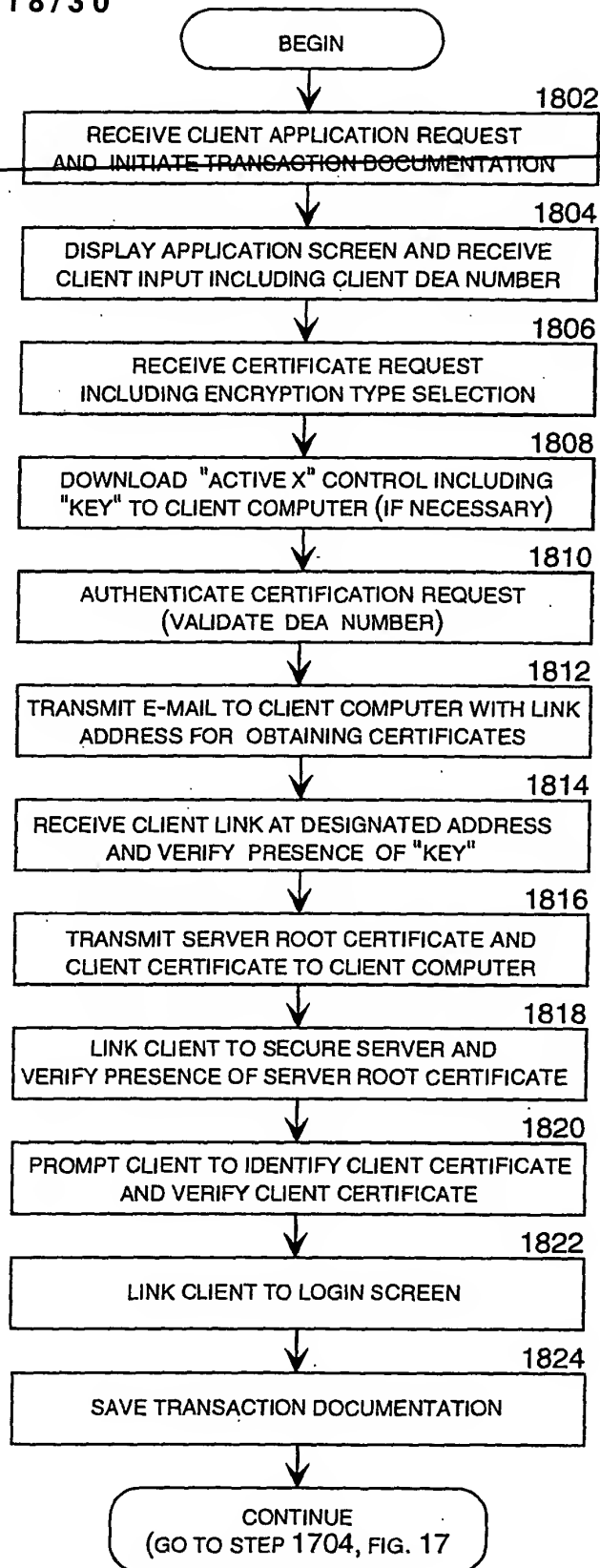
CLIENT  
ACCESS  
ROUTINE  
1700



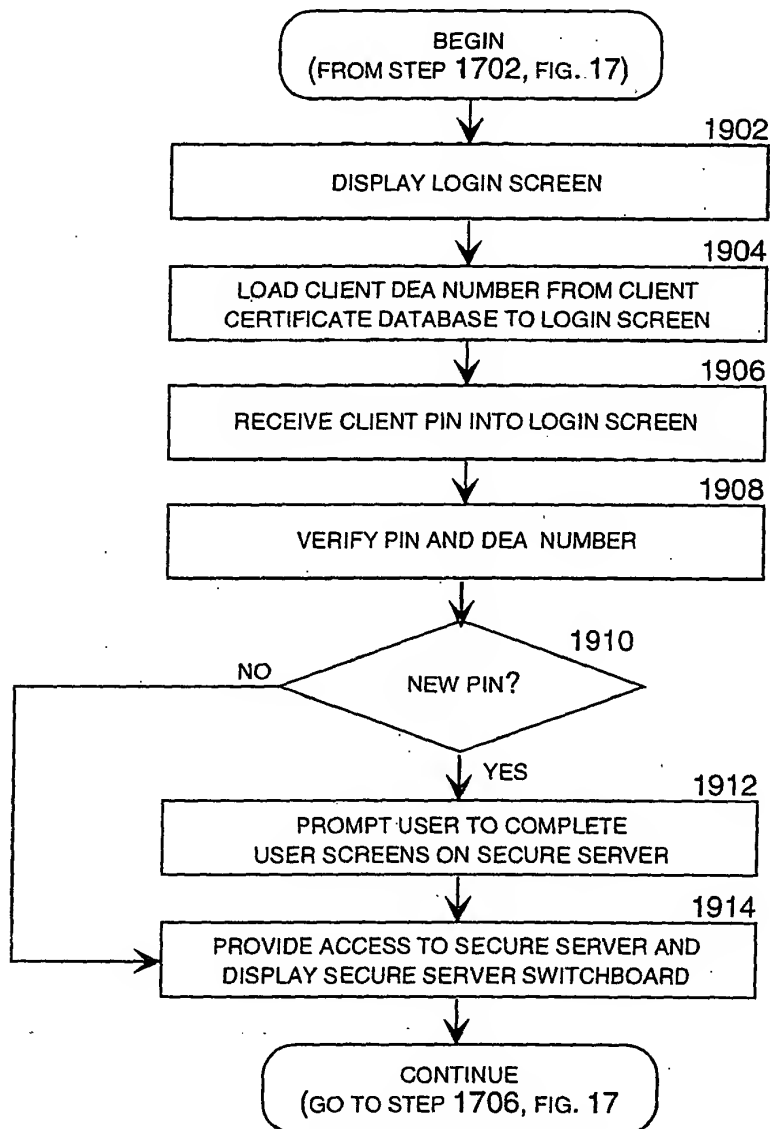
**FIG. 17**

18/30

CLIENT  
APPLICATION  
ROUTINE  
1702



**FIG. 18**

**FIG. 19**

20/30

INITIAL INPUT SELECTION

2000

2002

2004

Provider Patients Programs Online PDR Abstracts

FIG. 20

BILLING MODULE

2100

2102

2106

2108

2110

2104

Address Billing Info Cover Letter

Account  
 Provider Number: XX1234567 PIN: \*\*\*\*

Name  
 Title: First: Last: Degree:  
 Lifestream Technologies

Address  
 Street Address: 510 Clearwater Loop  
 Suite 101  
 City: Post Falls State/Region: ID Postal Code: 83854  
 Country: United States

Other  
 Phone: (208) 457-9409 Fax: (509) 457-9509  
 Birthdate: 1/1/60 E-mail: sales@lifestreamtech.com

Associate PIN Numbers

First Name	Last Name
Jane	Worker
Joe	Worker

Add Modify Delete

Notes

1.0.3.4

Save

FIG. 21

21/30

2108

2200

2202

Address Billing Info Cover Letter

Billing Method

Credit Card Information

Credit Card Number  Expiration Date

Name on card

Checking Account Information

Checking Account  Routing Number


 Save

FIG. 22

2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies  
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854  
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~  
~Pt.Address~  
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,


Editor Save

FIG. 23


1.0.253

Select an existing patient or add a new patient


☒ Select Existing Patient





☐ Add New Patient


 Read SmartCard

Administrative

 Backup

 Recreate Card

 Restore

 Quick List


 Next

FIG. 24

**Patient Information**


Account		Other	
File Number	Entry Date	Phone	Fax
123	11/24/98	(509) 555-1212	

Name		Birthdate	Gender
First	Last	1/1/50	<input type="radio"/> Male
Jill	Smith		<input checked="" type="radio"/> Female

Address		
Street Address		
110 Main		
City	State/Region	Postal Code
Spokane	WA	99201
Country	Language	
United States	English	

E-mail	
<input checked="" type="checkbox"/> Include on Mailing List	

Notes

 Save

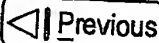
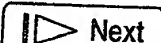
 Previous  Next

FIG. 25



**Questionnaire Data**

Patient

File Number	First	Last	Test Time Stamp
123	Jill	Smith	12/8/98 10:16:01AM

**Risk Components**

Family History	<input checked="" type="checkbox"/>	Height	68 inches	Glucose	0 mg/dl
Personal History	<input type="checkbox"/>	Weight	165 pounds	Body Fat	24 %
CVD	<input type="checkbox"/>	Age	48 Years	Systolic	140
AF	<input type="checkbox"/>	Chol	215 mg/dl	Diastolic	80
LVH	<input type="checkbox"/>	Tng	0 mg/dl	Fitness	Sedentary
Diabetes Type 1	<input type="checkbox"/>	LDL	0 mg/dl	Ethnicity	Caucasian
Diabetes Type 2	<input type="checkbox"/>	HDL	0 mg/dl	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Smoker	<input checked="" type="checkbox"/>				

Record 1 of 1

Read SmartCard Save

Previous Next

FIG. 26

**Generate Reports**


Current Test  
File Number  First  Last  Test Time Stamp

☒ Full Program  
☒ Cover Letter  
☒ Summary  
☒ Evaluation  
☒ Receipt

**Lifestyle Therapy**

**Lipid Drug**

**Blood Pressure Drug**

 **Generate Report**


 **Previous**

FIG. 27

27/30

2802

	CORONARY RISK FACTORS	TEST RESULTS	IDEAL RANGE	GOALS
	GENDER	MALE		
IDEAL	PERSONAL HISTORY	NO	NONE	
IDEAL	FAMILY HISTORY	NO	NONE	
	CVD	NO		
	AF	NO		
	LVH	NO		
MODERATE	DIABETES (TYPE 1)	YES	NONE	
HIGH	SMOKER	YES	NO	
	HEIGHT	66 in		
	WEIGHT	155 lbs		
	AGE	44		
MODERATE	TOTAL CHOLESTEROL	211	< 200	
	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
IDEAL	PERCENTAGE OF BODY FAT	N/A	18%	
IDEAL	BP SYSTOLIC	115	< 120	
LOW	BP DIASTOLIC	80	< 80	
LOW	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

2806

## EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

28/30

2900

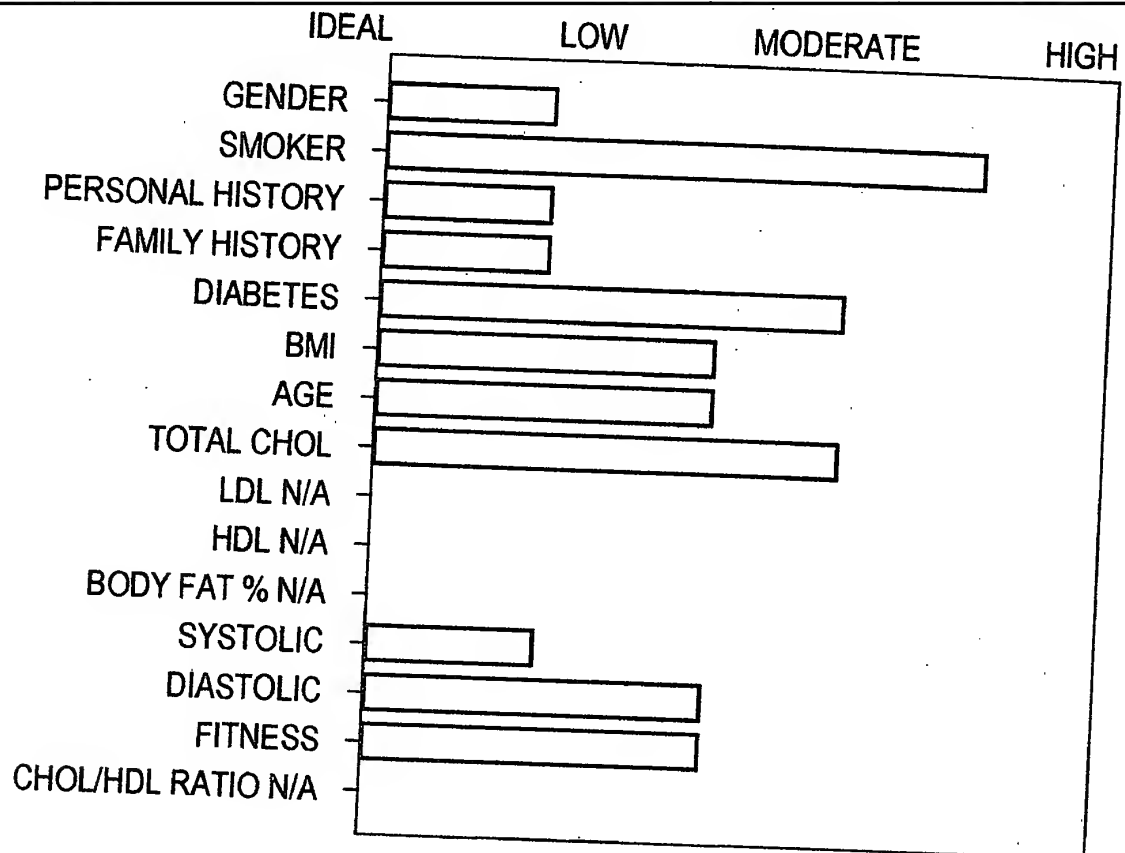


FIG. 29

29/30

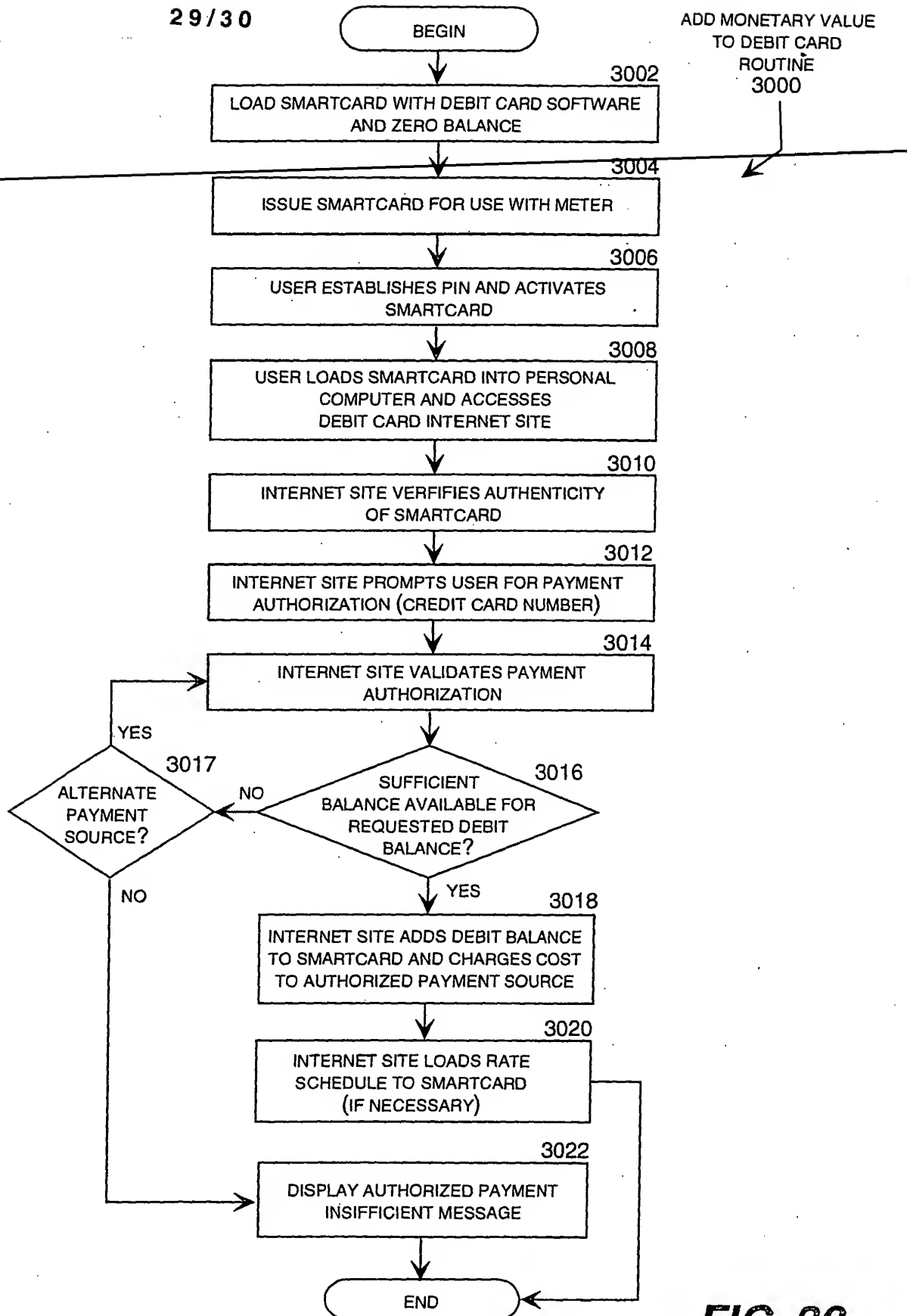


FIG. 30

30/30

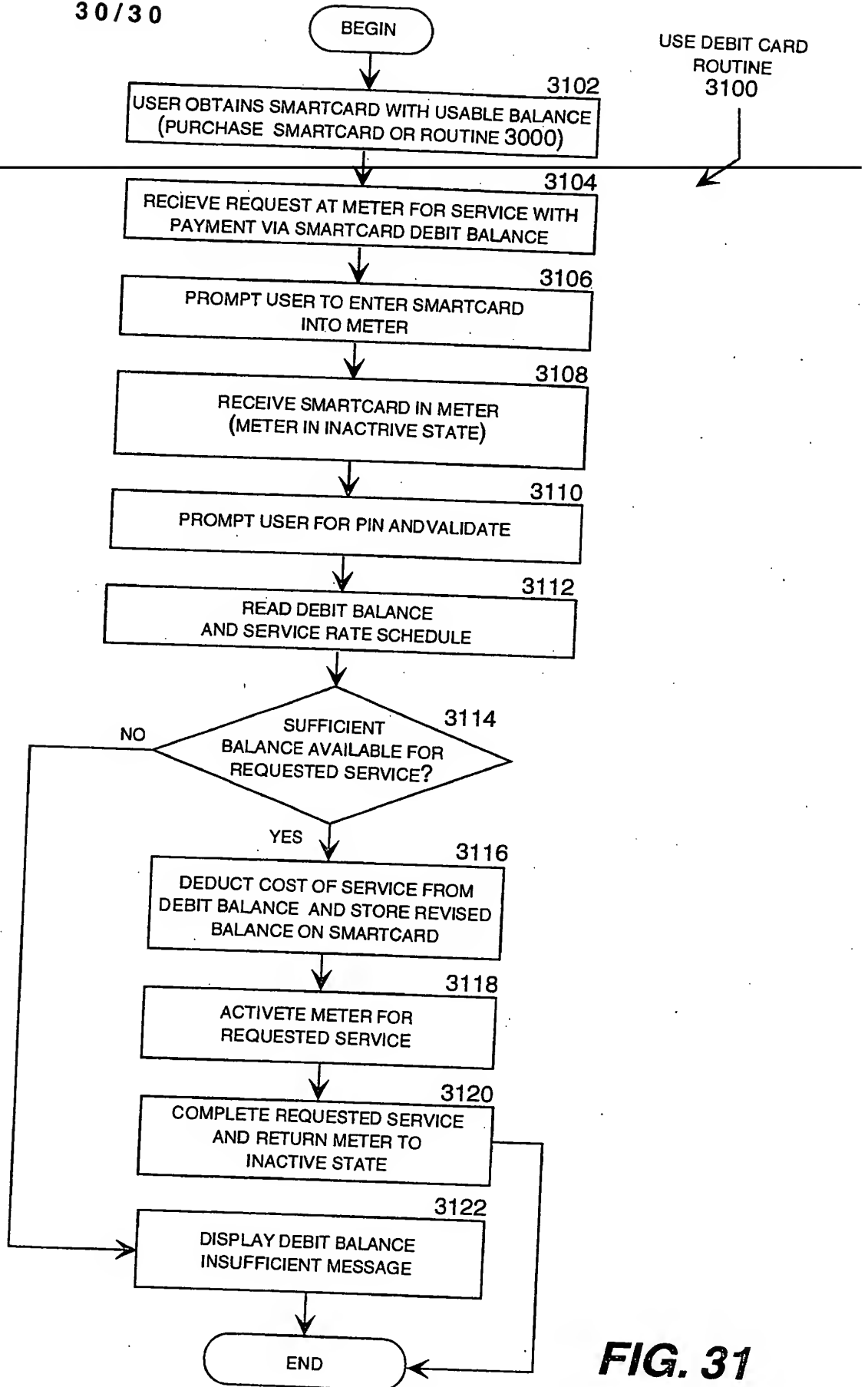


FIG. 31